

Gregory O. Dick, MD, FACS
Plastic, Reconstructive & Cosmetic Surgery

MEMBER, AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY
DIPLOMATE, AMERICAN BOARD OF PLASTIC SURGERY
DIPLOMATE, AMERICAN BOARD OF SURGERY

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Patient Name: _____

Date of Registration: _____

By signing this form, you acknowledge that Gregory O. Dick, M.D. has provided you access to a copy of it's Privacy Notice, which explains how your health information will be handled in various situations. By law, we are required to have you sign this form on your first date of service with us.

If your first date of service with us was due to an emergency, we must try to provide you access to this notice and have you sign this form as soon as we can after the emergency.

Please specify by checking the appropriate answer below if we may leave health-related information (e.g., lab/x-ray results, billing issues, or other doctor-patient communications) on your:

Home Answering Machine _____ Yes _____ No

Work Voicemail _____ Yes _____ No

(Please note that if the above section is not completed, we will assume that we have your approval to contact you using any one of these methods.)

The Practice has provided me access to it's Privacy Notice. I understand I may request a copy for my personal use.

I acknowledge that I have read, understand, and agree to the above.

Patient's Signature

Date